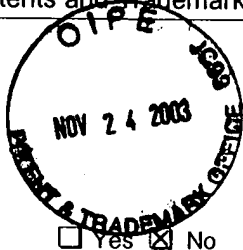


PATENTS ONLY

Tab settings → → → ▼ ▼ ▼ ▼ ▼ ▼ ▼

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Ralph F. Kalies



Additional names(s) of conveying party(ies)

☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

Execution Date: **October 14, 2002**

2. Name and address of receiving party(ies):

Name: **Omnicare, Inc.**

Internal Address: _____

Street Address: **1600 Rivercenter II**

100 East Rivercenter Blvd.

City: **Covington** State: **KY** ZIP: **41011**

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent numbers(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

60/417,056
60/416,810
40/416,798
60/392.066

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☐ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **James R. Eley, Esq.** Reg. No. **36,790**

Internal Address: **Thompson Hine LLP**

Street Address: **10 W. Broad St., Suite 700**

City: **Columbus** State: **OH** ZIP: **43215**

6. Total number of applications and patents involved: **4**

7. Total fee (37 CFR 3.41):.....\$ **160.00**

- ☒ Enclosed - Any excess or insufficiency should be credited or debited to deposit account
☐ Authorized to be charged to deposit account

8. Deposit account number:

20-0809

(Attach duplicate copy of this page if paying by deposit account)

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

James R. Eley, Esq.

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and document: **3**